



**FIRST-TIME HOMEBUYER
GRANT PROGRAM APPLICATION**

PART I: APPLICANT'S INFORMATION

Applicant's Name(s): _____ SS#: _____

_____ SS#: _____

Street Address: _____

Mailing Address (if different): _____

Telephone Numbers - Home: _____ Work: _____

PART II: HOUSEHOLD INFORMATION

Please list all household members who will live in the home purchased.

Name	Relationship	Age	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total number of persons that will live in the home purchased: _____

PART III: HOUSEHOLD INCOME/ASSETS

Please list all income for every person who will live in the home purchased.

Household Member	Name and Address of Employer	Annual Gross Income
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please check box(s) below for any additional income received last calendar year from all sources for all household members. You must attach proof of income from each income source (W-2, year end benefit statement, etc.). **All income must be reported!**

- | | |
|---|---|
| <input type="checkbox"/> \$_____ Social Security Benefits | <input type="checkbox"/> \$_____ Alimony |
| <input type="checkbox"/> \$_____ Unemployment Benefits | <input type="checkbox"/> \$_____ Child Support |
| <input type="checkbox"/> \$_____ Disability Benefits | <input type="checkbox"/> \$_____ Inheritance |
| <input type="checkbox"/> \$_____ Retirement Benefits | <input type="checkbox"/> \$_____ Other Income _____ |
| <input type="checkbox"/> \$_____ Veteran Benefits | <input type="checkbox"/> \$_____ Other Income _____ |
| <input type="checkbox"/> \$_____ Home Business Income | <input type="checkbox"/> \$_____ Other Income _____ |

For Other Income please specify the source of income in the space provided.

- A copy of our most current tax return is attached.
- I/We did not file an income tax return to IRS or California Franchise Tax Board last year.

I/We certify that the income listed above is the **only** income received during the last calendar year by **all** members who will live in the purchased home. _____
Initial Initial

Please check box(s) below for assets held by any household members.

- | | |
|--|--|
| <input type="checkbox"/> Checking Account \$_____ | <input type="checkbox"/> Savings Account \$_____ |
| <input type="checkbox"/> Investment Accounts \$_____ | <input type="checkbox"/> Interest Earned \$_____ |
| <input type="checkbox"/> Dividends \$_____ | <input type="checkbox"/> Rental Income \$_____ |
| _____ | |
| <input type="checkbox"/> Cash on hand \$_____ | <input type="checkbox"/> Other _____ \$_____ |

Check here if you do not have any investment/checking/savings accounts or other assets.

You must attach copies of your account statements for each account for the last six consecutive months.

PART IV: PRIMARY LENDER INFORMATION

Please list the information for the lender you have chosen below:

Lender Name: _____

Lender Address: _____

Lenders Phone Number: _____ Fax Number: _____

Property Address: _____ Purchase Price: _____

You must attach a letter of prequalification from the lender.

